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ABSTRACT

A joint collaborative effort between Greystone Park Psychiatric Hospital and the Parsippany Adult School had as its objective the facilitation of the deinstitutionalization and the assumption of the normal societal role of workers for emotionally disabled citizens. This was to be accomplished through the development, delivery, and refinement of a consumer and homemaking daily living skills educational model. Specific project objectives included the provision of instruction in these educational modules: basic housekeeping, use of transportation, money management, wise consumer shopping, nutrition and meal preparation, use of community leisure and social service resources, and orientation to the world of work. Parsippany Adult School provided daily instruction to 23 Greystone residents and their eight accompanying staff. Staff were thus provided with a new role as a teacher. Instructional sites were within a transitional unit at the hospital. Community-based experiences were an integral part of the project. Residents showed improvement in most areas of instruction. Staff participants developed and implemented numerous individual instructional lessons on their own for residents and offered assistance in daily lessons and learning activities. Appendixes include an assessment instrument, data, a project brochure, and bibliographies for each instructional area. (YLB)

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FINAL REPORT

OF

EDUCATIONAL MODEL TO FACILITATE DEINSTITUTIONALIZATION

AND THE

ASSUMPTION OF THE NORMAL SOCIETAL ROLE OF WORKER

FOR

EMOTIONALLY DISABLED CITIZENS

1982-83

Greystone Park Psychiatric Hospital
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CE038203

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PROJECT TITLE: Educational Model to Facilitate Deinstitutionalization and the Assumption of the Normal Societal Role of Worker for Emotionally Disabled Citizens

LEGAL NAME OF APPLICATN DISTRICT, INSTITUTION OR AGENCY: Greystone Park Psychiatric Hospital
New Jersey Department of Human Services

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(Area Code)

ABSTRACT

DESCRIPTION OF PROJECT

Use this sheet and no more than one other to type in single-spaced form a statement of project objectives, procedures to be followed, state and local priorities emphasized and the expected contribution of the project to vocational education.)

This project was a joint collaborative effort between Greystone Park Psychiatric Hospital and the Parsippany Adult School. The overall main project objective was to facilitate deinstitutionalization and the assumption of the normal societal role of worker for emotionally disabled citizens at Greystone Park Psychiatric Hospital through the development, delivery and refinement of a consumer and homemaking daily living skills education model, with the support of a community adult school program. The ability of a handicapped person in the process of deinstitutionalization to perform these consumer and homemaking daily living skills is a prerequisite for success in the normal societal role of worker. The primary priority area addressed by the project was B11, which is the development of a model for serving special populations such as the elderly, handicapped, etc., in consumer and homemaking programs infused into secondary or community school programs. Specific project objectives included the provision of instruction in the following educational modules: basic housekeeping, use of transportation, money management, wise consumer shopping, nutrition and meal preparation, use of community leisure and social service resources, and orientation to the world of work.

Parsippany Adult School provided daily instruction to both Greystone residents and their accompanying staff. Twenty-three residents and eight staff participated in the project. In the past, instruction in such skills has been only given to the resident. However, a major aim of this project was to have hospital staff see their role as a teacher, who instructs residents in a skill, rather than the traditional role of caretaker, who does everything for an institutionalized adult. The project not only assisted residents in acquiring community survival skills, it also provided staff with a new role model and new teaching skills which will facilitate deinstitutionalization. Staff needs to be able to teach these skills to the residents under their supervision, and to be able to reinforce daily this skill learning by residents.

Instructional sites were within a transitional unit at the hospital, within newly constructed housing units at the hospital and in the community. Community based experiences were an integral part of the project. The intent was to provide resocialization education in life skills or normal societal roles, which institutionalization has reduced or erased.

The expected contribution of the project is to assist residents in acquiring community survival skills and to provide staff with a new role model and skills to facilitate deinstitutionalization. Handicapped citizens in the process of deinstitutionalization need to acquire these consumer, homemaking, worker role introduction and daily living skills in order to assume a role as a productive member of society. Mastering these skills is a prerequisite for the success in the normal role of worker. As regards the disruption in the worker role, the relationship between mental dysfunciton and employment has clearly been documented. The implementation of this joint endeavor between Greystone Park Psychiatric Hospital and Parsippany Adult School produced an educational model, applicable for both staff and resident training, which facilitates independent living in the community and the assumption of the normal societal role of worker for emotionally disabled citizens. In addition the educational model developed also has application for other institutional settings, such as prisons.

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II. TEXT

A. Introduction

1. PROBLEM

The educational needs of United States citizens in the process of deinstitutionalization have been well documented. The longer a person handicapped with mental health problems remains in an institutionalized setting, the more dependent he or she becomes and the less able he/she is to perform everyday skills and tasks such as making decisions, shopping in a grocery store, preparing a meal, managing money, and using public transportation. The ability to perform these daily living skills is a prerequisite to independent living and to assuming a role as a productive member of society. Mastering daily living skills is a prerequisite for success in other normal societal roles, such as worker. The institutionalized person has lost his ability to function in normal societal roles. The handicapped person in the process of deinstitutionalization needs continued involvement in the five basic societal roles and responsibilities of friend (social), worker, consumer, home manager and citizen. A major educational problem is the fulfillment of the educational needs of citizens in the process of deinstitutionalization.

The project outlined below describes services targeted to this special handicapped population. The population to be served includes older adults, the undereducated, the vocationally immature, and the unemployed.

This project also provided the opportunity for hospital staff training and development, and, in the process, helped to solve another educational problem concerning deinstitutionalization. In the traditional mass institutionalized setting many staff see their role as a caretaker or a "do-forer," with the result that the institutionalized adult loses his/her ability to perform daily

living skills, because everything is done for him/her by the "caretaker" staff. Thus, the project aimed to have hospital staff see their role as a teacher who instructs residents in a skill, rather than the traditional role of caretaker who does everything for an institutionalized adult. In providing this program we are also trying to change the resident's role from one of dependency to one of activism, where the resident would participate actively and share responsibility for his/her own maintenance.

This project is a joint collaborative effort between Greystone Park Psychiatric Hospital and Parsippany Adult School to facilitate the transition of the institutionalized mental patient into the community through the learning and application of consumer economic and homemaking skills. The primary priority area to be addressed by the project is B 11, which is the development of a model for serving special populations such as the elderly, handicapped, etc., in consumer and homemaking programs infused into secondary or community school programs. Both agencies firmly believe that citizens in the process of deinstitutionalization need to acquire these consumer, homemaking and daily living skills in order to assume a role as a productive member of society, and that mastering these skills is a prerequisite for success in the normal societal role of worker.

Greystone Park Psychiatric Hospital is a state psychiatric rehabilitation facility located in Parsippany, New Jersey which services citizens of Morris, Bergen, Passaic, and Sussex Counties. Parsippany Adult School has many years experience in delivering educational services to Greystone patients, and the community school is located a few miles from the hospital.

2. OBJECTIVES

The overall project objective is to facilitate deinstitutionalization and the assumption of the normal societal role of worker for emotionally disabled citizens at Greystone Park Psychiatric Hospital through the development, delivery and refinement of a consumer and homemaking daily living skills education model, with the support of a community adult school program. As has been referred to above, this objective can best be accomplished by providing instruction for both residents in the process of deinstitutionalization and their accompanying staff. Naturally the staff already possesses these skills for themselves, but they need to be able to teach these skills to the residents under their supervision, and to be able to reinforce daily this skill learning by residents. The ability of a handicapped person in the process of deinstitutionalization to perform these consumer and homemaking daily living skills is a prerequisite for success in the normal societal role of worker. Specific project objectives are:

To provide instruction in basic housekeeping for 16 handicapped adults, in the process of deinstitutionalization, and their accompanying staff, to facilitate independent living in the community and the assumption of the normal societal role of worker.

To provide instruction in the use of transportation for 16 handicapped adults, in the process of deinstitutionalization, and their accompanying staff, to facilitate independent living in the community and the assumption of the normal societal role of worker.

To provide instruction in money management for 16 handicapped adults, in the process of deinstitutionalization, and their accompanying staff, to facilitate independent living in the community and the assumption of the normal societal role of worker.

To provide instruction in wise consumer shopping for 16 handicapped adults, in the process of deinstitutionalization, and their accompanying staff, to facilitate independent living in the community and the assumption of the normal societal role of worker.

To provide instruction in nutrition and meal preparation for 16 handicapped adults, in the process in deinstitutionalization, and their accompanying staff, to facilitate independent living in the community and the assumption of the normal societal role of worker.

To provide instruction in use of community leisure and social service resources for 16 handicapped adults, in the process of deinstitutionalization, and their accompanying staff, to facilitate independent living in the community and the assumption of the normal societal role of worker.

To provide instruction in orientation to the world of work for 16 handicapped adults, in the process of deinstitutionalization,

and their accompanying staff, to facilitate independent living in the community and the assumption of the normal societal role of worker.

3. RELATED RESEARCH AND BACKGROUND INFORMATION

As little as six months of institutionalization can cause the loss of daily living or consumer economic skills such as cooking and performing house chores. Dr. Mikhail Rotov, former Director of the New Jersey Division of Mental Health and Hospitals, has said that the loss of such skills is a phenomenon called "social breakdown syndrome." This problem is common not only in mental hospitals, but to prisons, the military, religious cloisters and other "total institutions," he stated. Rotov further stated that "Everything that tends to isolate someone from the mainstream of society and where life is regulated by others reduces people's ability to live independently and be self-sufficient." The inability of mental patients discharged back to their communities to perform such social chores, has contributed in many cases to their being committed to state hospitals. (Richard S. Remington, "Cottages' Signal New Era for the Mentally Ill," Sunday Star-Ledger, March 7, 1982, p. 29.)

The time people spend in a traditional institutionalized setting offers little opportunity to use or need community oriented skills. Even after a few months of hospitalization, a person is stripped of many life skills necessary to perform normal societal roles such as consumer, homemaker, and worker. As has already been mentioned the mastering of consumer, homemaking and other daily living skills is a prerequisite for success in the normal societal role of worker. As regards the disruption in the worker role, the relationship between mental dysfunction and employment has clearly been documented by Brenner at Johns Hopkins University. He found that rates of mental institutionalization have been positively correlated with unemployment for more than one hundred years. At a local V.A. hospital, Kesselman found in a sample of individuals hospitalized for emotional disability an average of 2½ years of unemployment prior to hospitalization. In Newark, we are able to return only 10% to

employment and another 10% to vocational rehabilitation programs. (Taken from paper "Deinstitutionalization, Mythology and Work for the Mentally Disabled" by Martin Gittleman, Department of Psychiatry, New Jersey Medical School, Newark, New Jersey).

The exemplary and innovative concept involved in the project was that Parsippany Adult School provided instruction to both residents, in the process of deinstitutionalization, and their accompanying staff. In the past, instruction in such skills had been only given to the resident by the community adult school. However, a major aim of the project was to have hospital staff see their role as a teacher, who instructs residents in a skill, rather than the traditional role of caretaker, who does everything for an institutionalized adult. The project not only assisted residents in acquiring community survival skills, it also provided staff with a new role model and new skills which facilitated deinstitutionalization. Staff needed to be able to teach these skills to the residents under their supervision, and to be able to reinforce daily this skill learning by residents.

B. Body of Report

1. PROCEDURES USED

This joint collaborative project between Greystone Park Psychiatric Hospital and Parsippany Adult School was originally designed so that instruction would take place in the newly constructed housing units or cottages which were scheduled to open in August 1982. The purpose of the cottages is to provide a "normalized" atmosphere in which patients are responsible for cooking their meals, doing their laundry and performing house chores. Unfortunately, due to construction problems and delays, the cottages did not receive certificates of occupancy until the late spring of 1983.

For the first months of the grant, the residents and staff remained in their regular areas and used the cottages during the day as a common site of instruction. On December 7, 1982, the project residents and staff, who had been assigned to cottages II & V, were moved to the first floor of 50 Ellis Drive. This temporary joint living arrangement helped to allow for "around the clock" cohesiveness and encouraged the practicing of some daily living skills. On June 15, 1983 residents and staff of cottages II & V were able to permanently move into their respective housing units. This cohesiveness and joint living environment greatly enhanced the residents' opportunity to practice daily living skills and to receive encouragement, support and reinforcement from their accompanying staff.

The classes were held daily and each module ran for approximately six weeks. On October 5th the home economics instructor began working with the staff and then the patients of Cottage II between the hours of 9:00 and 11:00 a.m. On October 18th she began working with the staff and patients of Cottage V in the afternoon between 1:00 and 3:00 p.m. Emphasis at this time was on communication and social interaction skills as well as the basic housekeeping skills module.

The clinical staff of Greystone Park Psychiatric Hospital identified participants for the project based on who would benefit most from such an instructional program. Once identified, all participants were evaluated with the Level of Functioning Scale (See Appendix A). The scale measures a resident's ability to perform normal everyday living skills. The Level of Functioning Scale was administered in the beginning of the project, at three month intervals during the project, and then once again at the end of the project. The Level of Functioning assessment growth results may be found in Appendix B.

Preparation of instructional materials and planning were tailored to meet the participants' need and functioning levels. Materials and learning activities were adjusted to low, medium or high levels of learning. Many learning experiences consisted of a hands-on approach or audio-visual materials. An example of a low level activity would be to match pictures of foods to the proper food group or cut our pictures of proper attire for a variety of occupations. In the medium to high range an activity might require that the participant thoroughly read a bus schedule and answer questions accordingly. Low level money management consisted of recognizing coins and bills and their values, while a high level activity consisted of making a monthly budget.

At the beginning of each unit, a simple, short answer consumer economics pretest was administered to all participants (both residents and staff). At the end of the unit the participants were given a short post-test to assess the skills of knowledge acquired from the unit. The pre and post tests were either written, oral or practical depending on the participant's capabilities and the instructional module.

The home economics instructor provided instruction in each of the following areas:

1. Basic Housekeeping and Safety
   10/18/82 to 11/17/82

2. Money Management
   11/18/82 to 12/23/82

3. Wise Consumer Shopping
   12/23/82 to 1/28/83

4. Nutrition and Meal Preparation
   2/1/83 to 3/4/83

5. Use of Transportation
   3/4/83 to 4/8/83

6. Use of Community Leisure & Social Service Resources
   4/11/83 to 5/16/83

7. Orientation to the World of Work
   5/19/83 to 6/23/83

The site of instruction used throughout the program included the first floor of 50 Ellis Drive, the participants' cottage and the community. A substantial amount of instruction took place within the participants' home counties and surrounding municipal communities. These environments included shopping malls and grocery stores in their communities; local libraries; recreational facilities such as bowling lanes, miniature golf and parks; social agencies like Social Security, boarding homes, hospitals and municipal buildings; and public transportation routes.

In each module the site of instruction was based on what was the most normal "real world" environment for the activity begin performed. In the area of wise consumer shopping the participants traveled to various types of stores comparing prices and practicing making decisions. The most normalizing site for instruction in Nutrition and Meal Preparation was the kitchen where participants and staff learned about basic nutrition and proper meal preparation. Participants also had the opportunity to plan a trip and use public transportation as a learning experience in the unit of Transportation. In the area of Leisure Time Activities and Social Service Resources residents and staff went out into local and home communities to discover and utilize the resources around them. In each of the

seven areas, residents and staff were provided with instruction and hands-on experience in relearning daily living skills in order to facilitate independent living and assuming the normal societal role of worker.

At the end of each month, the Parsippany Adult School instructor wrote individual progress reports on each resident participant's progress and skill performance. These progress reports were inserted into the patients' charts and included statements of recommendation.

An evaluation of the staff participant's progress in assuming a teaching role and being able to instill living skills to residents was based on their ability to demonstrate these skills by offering assistance in daily lessons and learning activities. Staff participants exhibited their ability to establish and maintain an instructional program through the development and delivery of their own learning projects. A list of staff projects resulting from the grant follows:

I. Home Environment
- How to....mop the floor
- How to....hang up your clothes properly
- How to....make a bed properly
- How to....keep a room properly intact and organized
- How to....use a washing machine
- How to....clean up after a meal
- How to....measure soap powder
- How to....buy clothing
- How to....use clothes dryer properly
- How to....keep clean and dirty clothes separate
- When to....change bed linens
- How to....dress appropriately re: choice, coordinates, weather

II. Use of Transportation
- How to....correctly read a bus schedule
- How to....read and/or recognize road signs
- How to....recognize survival signs

II. Use of Transportation (cont.)

Where to...locate a bus stop

How to.....calculate a bus fare

How to.....make exact change

How to.....take a bus trip into the community

How to.....go to different areas of the hospital: medical services for lab; main building for money and clothing

III. Personal Hygiene/Good Grooming

How to....take proper care of your hair

When and how to....shampoo, set your hair, comb/brush your hair

When and how to....shave

Know when to....bath or shower

Know how to bath and use soap

How to....dry off throughly

How to....use the handle bar when getting out of the tub

When and how to....use deoderant and body powders

How to....care for hair and check for abnormalities

IV. Consumer Shopping/Money Management

How to....go shopping

How to....compare prices in same store

How to....compare prices in different stores

How to....budget your money for 1 month

How to....handle your own finances

V. Food Preparation

The fundamentals of baking

How to follow a simple recipe

How to use measuring utensils

How to clean up after cooking

VI. World of Work

How to socialize with others and accept constructive critizism

How to communicate affectively

How to use a typewriter: key usage, insert paper etc.

How to schedule outdoor work projects and time

Encourage proper work attitude and attendance

FINDINGS

At the end of this educational program patients demonstrated their ability to assume new responsibilities and roles: two people were discharged from the hospital, and ten people were employed at Pre-Voc, a program on the hospital grounds. A remaining three residents were holding full-time jobs at Greystone Park Psychiatric Hospital.

In addition to this, as shown from the graph of Level of Functioning scores (Appendix B), most areas show improvement. The areas of personal hygiene, (#8), care of one's own personal possessions, (#11), and feelings about one's self, (#8-12), improved by as much as 8%. The incidents of physical abuse, (#21), decreased by 6% and incidents of property destruction, (#22), decreased by 13%. Care of one's own living space, (#12), improved by 3% while assuming household responsibilities, (#27), increased by 10%.

Some of the greatest areas of improvement were in traveling from one's residence without getting lost, (#31), using public transportation, (#32), and using the telephone, (#30). The largest increase in these areas occurred in question (#32) which was 22%. Both, the handling of personal finances, (#29), and shopping, (#28), improved by 6%, while using community services, (#36), and using one's leisure time, (#33), improved by 10%. The ability to recognize dangerous situations, (#34), improved by 20%.

Patients also improved in the specific areas of employment skills. Possessing a marketable skill, (#38), working with minimal supervision, (#39), completing tasks, (#43), as well as the ability to sustain work efforts, (#40), improved by 5%.

3. INTERPRETATION OF FINDINGS

To identify the changes that occurred in the skills and attitudes of the residents and staff, the results of the five assessment instruments were carefully examined: the Level of Functioning Assessment, the pre and post module test, the progress notes written by the teacher, the modules developed by the staff, and the staff and residents' evaluations of the program.

The Level of Functioning Assessment, from the New Jersey Division of Mental Health and Hospitals, relies on the subjective evaluation by staff. Its purpose is to measure a resident's ability to perform normal everyday living activities such as self-maintenance, social functioning and community living skills.

The overall picture of the results of the LOF is positive. The data clearly demonstrates that the patients experienced an increase in their feelings of self-worth, assumed responsibility for daily living tasks, and resorted to aggressive behavior less frequently. There were favorable improvements in all areas with the exception of four social functioning areas: (#13) Accepts contact with others; (#16) Engages in activities without prompting; (#17) Participates in groups; and (#18) Forms and maintains friendships. Obviously, these are essential requirements of the worker role and work must still be done in these areas by the staff.

Both the pre and post module tests and the teacher's progress reports showed growth and supported the findings of the LOF's. The progress reports were detailed and considered the whole person in relationship to a constantly changing environment as opposed to the specific tasks on the LOF.

The progress reports also showed that two residents were discharged and ten people were employed in pre-vocational programs. Three other residents had full time employment at Greystone prior to joining the cottage project.

The staff was able to demonstrate their skill attainment by developing and implementing forty-three instructional lessons for residents. These lessons were in addition to the lessons prepared by the home economics teacher. The staff felt these would better enable the resident to function in a normal societal role.

Questionnaires (See Appendices C and D) were distributed to the staff and to the residents soliciting their reactions and comments to the project and suggestions for improvement. The staff was supportive of the project and gave it an average of "+4." The residents were also supportive and found the most interesting modules to be meal preparation and transportation.

It appears that a major outcome of the project is the recognition that given an appropriate role model and sufficient time, both staff and residents were able to change their attitudes and traditional modes of relating to one another in an institutional setting.

4. DISSEMINATION ACTIVITIES

A dissemination roundtable will be held on July 28, 1983, for the staff of all of the cottages and for invited guests in the mental health and educational fields. A report on the project will be given and a project brochure will be distributed which will provide information on available consultation services. (Appendix E)

5. STRATEGIES OR ACTIVITIES EMPLOYED TO ELIMINATE SEX BIAS AND SEX ROLE STEREOTYPING

The project director conducted an inservice program for both hospital staff involved in the project and the community adult school teacher to aid in the elimination of sex bias and sex role stereotyping in the project and to assure nonsexist instruction for resident participants. The Criteria for Evaluating Materials checklist and The Changing Family handout printed by the New Jersey Department of Education Office for Equal Access were used as discussion and learning tools in the inservice program.

The New Jersey Department of Education Office of Equal Educational Opportunity's printouts entitled Occupations Checklist and Equal Employment Opportunity and Affirmative Action were also presented at the inservice. A Tips for Non-Stereotyped Teaching handout was discussed and distributed. Also distributed was a list of publications and order form from the Rutgers University Consortuim for Educational Equity.

C. Summary

1. CONCLUSIONS AND RECOMMENDATIONS

The project coordinator, teacher, and staff who worked with the residents did see positive improvement in the areas of resident self-maintenance, social functioning, community living, and worker role. The LOF data clearly demonstrated that the residents experienced improvement in their feelings of self-worth, assumed responsibility for daily living tasks, and resorted to aggressive behavior less frequently.

One of the most positive benefits derived from the implementation of this project is that residents in the process of deinstitutionalization were provided hands-on experience in relearning daily living skills which institutionalization had reduced or erased. The ability to perform these daily living skills is a prerequisite to independent living and assuming the normal societal role of worker. These adults have been given a gradual reintroduction to the community which should reduce the emotional impact of separation from a more controlled environment. It is recommended that these living skills be practiced in appropriate community based locations on a daily basis in order to insure continued and increased reinforcement.

The benefits derived from the project which resulted in staff education and training and role model change, may be even more significant with regards to long-term effects on educational programming. Having staff see their role as a teacher, who instructs residents in a skill, rather than the traditional role of caretaker, who does everything for an institutionalized adult, should have a significant positive effect on reintegrating future residents or "students" into the community.

An evaluation of the staff participants' progress was based on their ability to assume a teaching role and to provide living skills instruciton to residents.

The staff members involved in the project worked on the assumption that a person learns only what he wants to learn, and what make sense for him to learn based on his own unique needs, interests, aspirations and goals. The staff gradually realized that learning begins with the learner and not with a body of knowledge. As a result, the staff was able to demonstrate their skill attainment by developing and implementing numerous individual instructional lessons of their own for residents and by offering assistance in daily lessons and learning activities.

Several assumptions that should have direct implications for educational programming for deinstitutionalization may be drawn from this project: (1) that self-concept influences the ability to learn. It appears that the higher a person's level of self esteem is, the higher his ability to learn what he wants and needs to learn is. (2) that learning and the motivation to learn are influenced by the opportunities to achieve and to experience accomplishment; and (3) that learning and the motivation to learn and influenced by the opportunities to apply new or relearned skills, and by how soon these skills can be applied.

APPENDIX A

Client Identification

Use Addressograph in space at right.

If no addressograph available, write in:

name (optional), case number, and date of this admission.

(11–15) Case # | (16–19) Mo / Yr Adm. Date

LEVEL OF FUNCTIONING ASSESSMENT

RATER INFORMATION

Name of Hospital or Community Agency: _____ / _____
(1–3) (Code)

Name of Ward or Program Unit: _____ / _____
(4–5) (Code)

Name of Rater: _____
(please print)

Date on which this form was filled out: ___ / ___ / ___ / ___ / ___
(6–9) (Month) (6–7) (Day) (Year) (8–9)

Date of last Level of Functioning Assessment: ___ / ___ / ___ / ___ / ___
(Month) (Day) (Year)

Is this Assessment being made at (circle one):
(10)

Admission, *(1)* Follow-up, *(2)* Transfer, or *(3)* Discharge? *(4)*

CLIENT INFORMATION

Unique Client ID Number: _ _ _ _ _ _ _ _
(20–27)

Date of Birth: ___ / ___ / ___ / ___ / ___
(28–31) Month (28-29) Day Year (30-31)

Sex: __M *(1)* __F *(2)*
(32)

Home Address: _____ / _____
(33–34) (Municipality) (S A)

Is this person currently here on Court Detainer?

_____Yes _____No

Does this person have family members living nearby?

_____Yes _____No

Is this person able to speak English fluently?

_____Yes _____No

If No, what language does the person ordinarily speak?

_____
Specify

On the following pages you will be asked to make some judgments about this client's skills and abilities. Please remember that your answers should reflect what has been most typical of the client during the past week, the way the client has been most of the time. Therefore, do not limit your rating only to the way the client was the last time you saw him. Your rating will have a great deal to do with the service this person will receive, so it is essential that you use your knowledge of the client's usual condition during the past week.

Base your answers on how persons of similar age, sex, and general background manage these activities in normal daily living. Do not use your program or facility as your only basis for comparison. We are less interested in how well someone has adjusted to your program than we are in how well they could manage outside it.

Above all, use common sense. These items are not too technical or complex, and you should use the best information, and best judgment, you can in making the assessment.

Instructions: Circle the number that best describes this person's typical level of functioning on each item listed below. BE AS ACCURATE AS YOU CAN. If you are not sure about a certain rating, ask someone who might know or consult the case record.

MARK ONLY ONE NUMBER FOR EACH ITEM. BE SURE TO MARK ALL ITEMS.

SELF MAINTENANCE

A. Physical Functioning (35–39)	NO PROBLEM	PROBLEM, BUT NO EFFECT ON GENERAL FUNCTIONING	SLIGHT EFFECT ON GENERAL FUNCTIONING	RESTRICTS GENERAL FUNCTIONING SUBSTANTIALLY	PREVENTS GENERAL FUNCTIONING
1. VISION	5	4	3	2	1
2. HEARING	5	4	3	2	1
3. SPEECH IMPAIRMENT	5	4	3	2	1
4. WALKING, USE OF LEGS	5	4	3	2	1
5. USE OF HANDS AND ARMS	5	4	3	2	1
B. Personal Care Skills (40–46)	**TOTALLY SELF-SUFFICIENT**	**NEEDS VERBAL ADVICE OR GUIDANCE**	**NEEDS SOME PHYSICAL HELP OR ASSISTANCE**	**NEEDS SUBSTANTIAL HELP**	**TOTALLY DEPENDENT**
6. TOILETING (Uses toilet properly; keeps self and area clean)	5	4	3	2	1
7. EATING (uses utensils properly; eating habits)	5	4	3	2	1
8. PERSONAL HYGIENE (body and teeth; general cleanliness)	5	4	3	2	1
9. DRESSING SELF (selects appropriate garments; dresses self)	5	4	3	2	1
10. GROOMING (hair, make-up, general appearance)	5	4	3	2	1
11. CARE OF OWN POSSESSIONS	5	4	3	2	1
12. CARE OF OWN LIVING SPACE	5	4	3	2	1

SOCIAL FUNCTIONING

C. Interpersonal Relationships (47–53)	HIGHLY TYPICAL OF THIS PERSON	GENERALLY TYPICAL OF THIS PERSON	SOMEWHAT TYPICAL OF THIS PERSON	GENERALLY UNTYPICAL OF THIS PERSON	HIGHLY UNTYPICAL OF THIS PERSON
13. ACCEPTS CONTACT WITH OTHERS (does not withdraw or turn away)	5	4	3	2	1
14. INITIATES CONTACT WITH OTHERS	5	4	3	2	1
15. COMMUNICATES EFFECTIVELY (speech and gestures are understandable and to the point)	5	4	3	2	1
16. ENGAGES IN ACTIVITIES WITHOUT PROMPTING	5	4	3	2	1
17. PARTICIPATES IN GROUPS	5	4	3	2	1
18. FORMS AND MAINTAINS FRIENDSHIPS	5	4	3	2	1
19. ASKS FOR HELP WHEN NEEDED	5	4	3	2	1

D. Social Acceptability (54—60)	NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS
20. VERBALLY ABUSES OTHERS	5	4	3	2	1
21. PHYSICALLY ABUSES OTHERS	5	4	3	2	1
22. DESTROYS PROPERTY	5	4	3	2	1
23. PHYSICALLY ABUSES SELF	5	4	3	2	1
24. IS FEARFUL, CRYING, CLINGING	5	4	3	2	1
25. TAKES PROPERTY FROM OTHERS WITHOUT PERMISSION	5	4	3	2	1
26. PERFORMS REPETITIVE BEHAVIORS (pacing, rocking, making noises, etc.)	5	4	3	2	1

COMMUNITY LIVING SKILLS

E. Activities (61—71)	TOTALLY SELF—SUFFICIENT	NEEDS VERBAL ADVICE OR GUIDANCE	NEEDS SOME PHYSICAL HELP OR ASSISTANCE	NEEDS SUBSTANTIAL HELP	TOTALLY DEPENDENT
27. HOUSEHOLD RESPONSIBILITIES (house cleaning, cooking, washing clothes, etc.)	5	4	3	2	1
28. SHOPPING (selection of items, choice of stores, payment at register)	5	4	3	2	1
29. HANDLING PERSONAL FINANCES (budgeting, paying bills)	5	4	3	2	1
30. USE OF TELEPHONE (getting number, dialing, speaking, listening)	5	4	3	2	1
31. TRAVELING FROM RESIDENCE WITHOUT GETTING LOST	5	4	3	2	1
32. USE OF PUBLIC TRANSPORTATION (selecting route, using timetable, paying fares, making transfers)	5	4	3	2	1
33. USE OF LEISURE TIME (reading, visiting friends, listening to music, etc.)	5	4	3	2	1
34. RECOGNIZING AND AVOIDING COMMON DANGERS (traffic safety, fire safety, etc.)	5	4	3	2	1
35. SELF-MEDICATION (understanding purpose, taking as prescribed, recognizing side effects)	5	4	3	2	1
36. USE OF MEDICAL AND OTHER COMMUNITY SERVICES (knowing who to contact, how, and when to use)	5	4	3	2	1
37. BASIC READING, WRITING AND ARITHMETIC (enough for daily needs)	5	4	3	2	1

F. Work Skills (72–77)	HIGHLY TYPICAL OF THIS PERSON	GENERALLY TYPICAL OF THIS PERSON	SOMEWHAT TYPICAL OF THIS PERSON	GENERALLY UNTYPICAL OF THIS PERSON	HIGHLY UNTYPICAL OF THIS PERSON
38. HAS EMPLOYABLE SKILLS	5	4	3	2	1
39. WORKS WITH MINIMAL SUPERVISION	5	4	3	2	1
40. IS ABLE TO SUSTAIN WORK EFFORT (not easily distracted; can work under stress)	5	4	3	2	1
41. APPEARS AT APPOINTMENTS ON TIME	5	4	3	2	1
42. FOLLOWS VERBAL INSTRUCTIONS ACCURATELY	5	4	3	2	1
43. COMPLETES ASSIGNED TASKS	5	4	3	2	1

OTHER INFORMATION

44. From your knowledge of this person, are there other skills or problem areas not covered on this form that are important to this person's ability to function independently? If so, please specify.

_____

_____

_____

_____

_____

45. How well do you know the skills and behavior of the person you just rated? (Circle one)

	VERY WELL		FAIRLY WELL		NOT VERY WELL AT ALL
(78)	5	4	3	2	1

46. Have you discussed this assessment with the client? (Circle one)

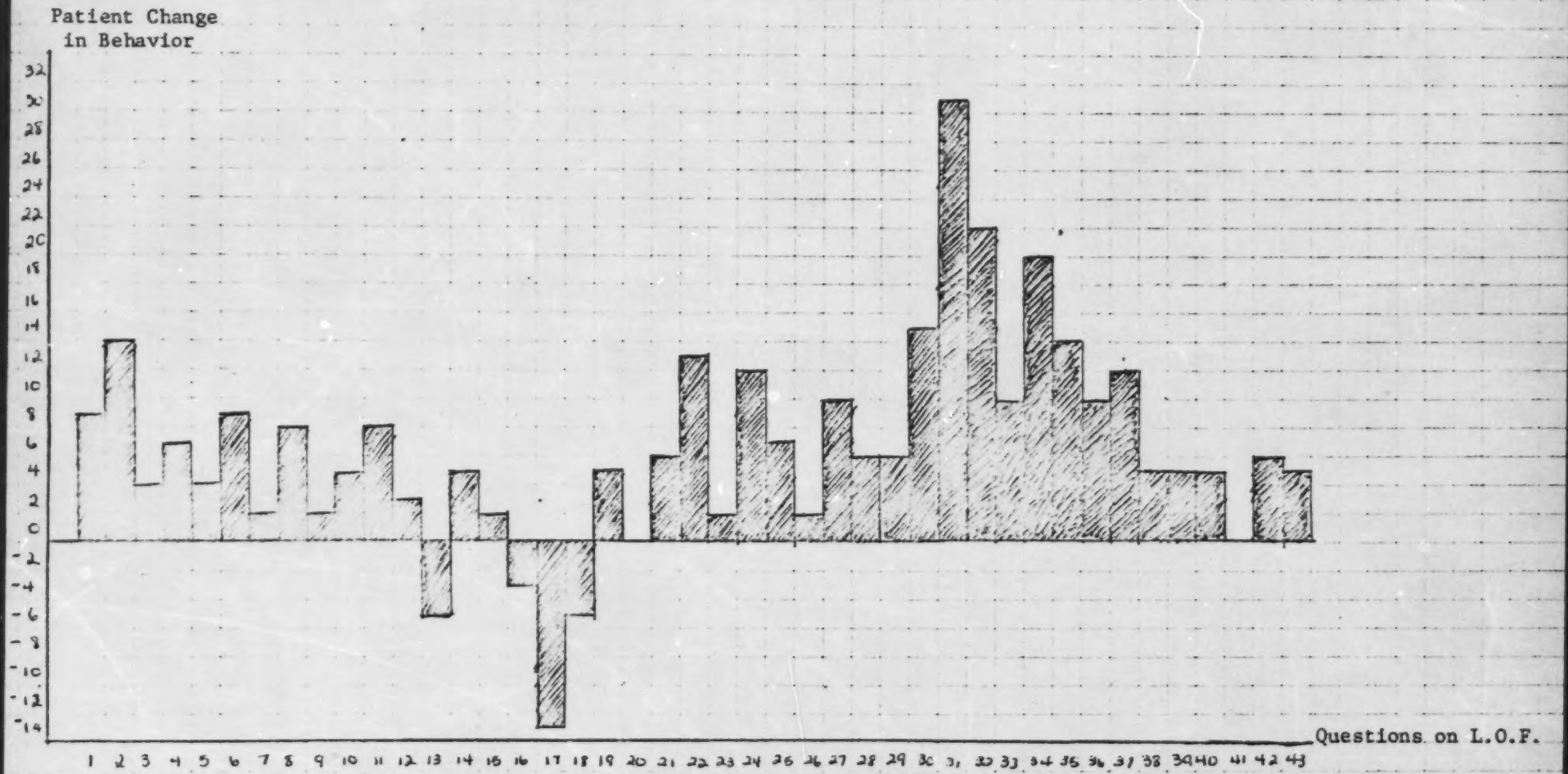
(79) Yes *(1)* No *(2)*

If YES, does the client generally agree with the assessment? (Circle one)

Yes No

APPENDIX B

"CHANGES IN DAILY LIVING SKILLS AS MEASURED BY THE LEVEL OF FUNCTIONING INSTRUMENT"



EACH BLOCK REPRESENTS 2%

SEE APPENDIX A FOR QUESTION DESCRIPTION

APPENDIX C

Staff Evaluation of the Home Management Project

Rating Scale	Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5
1. How knowledge able is the employee with subject matter?	1	2	3	4	5
2. How well does employee apply this knowledge?	1	2	3	4	5
3. Does employee complete each subject area?	1	2	3	4	5
4. How does employee relate to her students?	1	2	3	4	5
5. How fair minded is employee?	1	2	3	4	5
6. How conscientious is employee?	1	2	3	4	5
7. How well does employee record necessary information?	1	2	3	4	5
8. How well does employee co-operate and extend herself to adjust to unusual & un-predicted situations?	1	2	3	4	5
9. How well does employee teach?	1	2	3	4	5
10. How well does employee relate to other staff members?	1	2	3	4	5
11. How much do you think the residents have gotten out of the course?	1	2	3	4	5
12. Do you think that this project has helped the patients start a more independent life?	1	2	3	4	5
13. Is there anything else that should have been included in this project?	1	2	3	4	5

APPENDIX D

Resident Evaluation of the Home Management Project

1. Which unit did you enjoy the most? Housekeeping, Transportation, Money Management, Consumer Shopping, Nutrition and Meal Preparation, Leisure Time Activities or World of Work?

2. Did the teacher take the time to explain each unit clearly?

3. Were the materials presented in the Home Management Project easy to understand?

4. Were the materials presented in the course interesting?

5. Do you feel enough time was taken in each area?

6. Is there anything else that should have been taught in this course?

7. Did these units help prepare you for independent living?

APPENDIX E

FACILITATING

INDEPENDENT

LIVING

GREYSTONE PARK
7 MOUNTAIN MEADOW CIRCLE
GREYSTONE PARK, N. J.

Educational Needs for Independent Living

The educational needs of residents in the process of deinstitutionalization have been well documented. The longer a person handicapped with mental health problems remains in an institutionalized setting, the more dependent he or she becomes and the less able he or she is to perform everyday skills and tasks such as making decisions, shopping in a grocery store, preparing a meal, managing money, using public transportation and job seeking skills. The ability to perform these daily living skills is a prerequisite to independent living and assuming a role as a productive member of society.

The institutionalized person needs continued involvement in the five basic societal roles and responsibilities of friend, worker, consumer, home manager and citizen. The educational goal is to develop a program to meet the needs of residents who are soon to be released from an institution.

Facilitating Independent Living

Through a cooperative program between Greystone Park Psychiatric Hospital and the Parsippany Adult School, a program of consumer homemaker and worker skills packets was developed which could be used individually or in small groups. Through the learning and application of these skills the adult's transition to a community setting is made easier.

Goals

*To facilitate deinstitutionalization and the assumption of the normal societal roles for emotionally disabled citizens through the development, delivery and refinement of a consumer, homemaker and worker skills education model.

*To enable the staff to see their roles as facilitators who instruct residents in consumer, homemaker and worker skills rather than as custodial caretakers.

Who Can Use the Program Packets?

The program packets are designed to be used by the adults who are functioning at low (0 - 3), intermediate (4 - 6), or high (7 - 9) academic grade levels.

Which Programs are Available?

* Basic Housekeeping
* Transportation
* Money Management
* Consumer Shopping
* Nutrition and Meal Preparation
* Leisure Time
* Social Services Resources
* World of Work

What Services Are Available?

* Individual program packets have been developed and are available for use by individuals or small groups.
* The staff from the grant project is available to train new staff as facilitators in consumer homemaker and worker skills.

Where Can We Find the Packets and Material?

Contact:

Margret Oswald
Assistant Supervisor of Residential Living
7 Mountain Meadow Circle
Greystone Park, N. J.
201-538-1800 Ext. 746

Educational Model to Facilitate Deinstitutionalization and the Assumption of the Normal Societal Role of Worker for Emotionally Disabled Citizens

State of New Jersey
Department of Education
Vocational Education and Career Preparation

Project Directors: Geraldine Farro, GPPH
Betty Lou Bionde, PAS
Facilitator: Linda Deurer

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